

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006852	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER APERION CARE COLFAX		STREET ADDRESS, CITY, STATE, ZIP CODE 402 SOUTH HARRISON COLFAX, IL 61728		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Annual Licensure and Certification STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.3260c) Resident Funds The facility may accept funds from a resident for safekeeping and managing, if it receives written authorization from, in order of priority, the resident or the resident's guardian, if any, or the resident's representative, if any, or the resident's immediate family member any, such authorization shall be attested to by a witness who has no pecuniary interest in the facility or its operations and who is connected in any way to facility personal or the administrator in any manner whatsoever. (Section 2-201(2) of the Act)</p> <p>This REQUIREMENT was not met as evidenced by the following:</p> <p>Based on record review and interview, the facility failed to ensure that Resident Trust Funds authorizations were witnessed by someone who has no connection with the facility for seven residents (R3, R5, R7, R9, R13, R14, R16) on the sample of ten and eleven residents (R2, R8, R25, R26, R29, R30, R33, R34, R38, R39, and R41) on the supplemental sample reviewed for resident authorizations.</p> <p>Finding include:</p> <p>On 10-20-15 at 9:00 A.M., the Resident's Trust Fund Authorizations were reviewed with E11, Business Office Manger. One resident's (R2's) authorization was witnessed by an employee. Seventeen (17) resident's (R3, R5, R7, R8, R9, R13, R14, R16, R25, R26, R29, R30, R33, R34, R38, R39, and R41) Trust Funds authorizations</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

11/16/15

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006852	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER APERION CARE COLFAX			STREET ADDRESS, CITY, STATE, ZIP CODE 402 SOUTH HARRISON COLFAX, IL 61728		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	<p>Continued From page 1</p> <p>were not witnessed. E11 stated that she was not aware the authorizations needed to be witnessed. All 43 resident's authorizations were reviewed.</p> <p style="text-align: center;">(B)</p> <p>-----</p> <p>300.3260j) Resident Funds The facility shall return to the resident, or the person who executed the written authorization required in subsection (c) of this section, upon written request, all or any part of the resident's funds given the facility for safekeeping, including the interest accrued from deposits. (Section 2-201(8) of the Act)</p> <p>This REQUIREMENT was not met as evidenced by the following:</p> <p>Based on record review and interview, the facility failed to return Resident Trust Funds to four (R22, R26, R32, and R40) residents in a sample of eight discharged residents reviewed.</p> <p>Findings include:</p> <p>On 10-20-15 at 9:00 A.M., the facility's "Trust - Current Account Balance" resident trust fund report was reviewed with E11, Business Office Manager. The report listed 43 residents. E11 identified eight discharged residents. Of the eight residents, four (R22, R26, R32, and R40) residents had positive balances. E11 provided the resident's discharged dates. E11 was asked why the four discharged residents still have funds in the account. E11 did not respond. R22 has \$4,072.14 in the account and was discharged on 4-18-15. R26 has \$1,584.00 in the account and was discharged on 5-22-15. R32 has \$5.00 in the account and was discharged on 8-16-15.</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006852	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER APERION CARE COLFAX		STREET ADDRESS, CITY, STATE, ZIP CODE 402 SOUTH HARRISON COLFAX, IL 61728			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 2 R40 has \$115.46 in the account and was discharged on 2-18-15. (B) _____ _____	S9999			